

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/16/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445165		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/17/2011	
NAME OF PROVIDER OR SUPPLIER HIGHLANDS OF MEMPHIS HEALTH & REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 3549 NORRISWOOD MEMPHIS, TN 38111			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 309	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Intakes: TN00026237</p> <p>Based on medical record review and interview, it was determined the facility failed to follow the physician's orders for rechecking elevated blood sugars, obtaining a blood pressure and pulse prior to medication administration and administered incorrect insulin dosage per sliding scale for 1 of 27 (Resident #10) sampled residents.</p> <p>The findings included:</p> <p>Medical record review for Resident #10 documented an admission date of 11/3/09 with diagnoses of Diabetes Mellitus, Morbid Obesity, Hypertension, Chronic Obstructive Pulmonary Disease and Presenile Dementia. Review of the physician's orders for 6/1/10 through 6/30/10, signed and dated by the physician on 5/31/10, documented recheck accuchecks if blood sugar greater than 401.</p> <p>Review of the June 2010 and July 2010 MAR documented the following:</p>			F 309			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/16/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445165		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/17/2011	
NAME OF PROVIDER OR SUPPLIER HIGHLANDS OF MEMPHIS HEALTH & REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 3549 NORRISWOOD MEMPHIS, TN 38111			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 309	<p>Continued From page 1</p> <p>a. 6/10/10 accucheck blood sugar of 444 with no recheck.</p> <p>b. 6/26/10 accucheck blood sugar of 420 with no recheck.</p> <p>c. 7/8/10 accucheck blood sugar of 430 with no recheck.</p> <p>During an interview in the administrative office on 8/17/11 at 10:30 AM, the Director of Nursing confirmed no blood sugar rechecks were done on 6/10/10, 6/26/10 and 7/8/10.</p> <p>Further review of the physician's orders dated 7/21/11 documented, "...ACCUCHECKS TWICE DAILY... LISINOPRIL 20 MG [milligrams] TABLET... BY MOUTH EVERYDAY HOLD IF SBP [systolic blood pressure] < [less than] 110 OR HR [heart rate] <60... NOVOLIN R 100 U [units]/ [per] ML [milliliter] UNIT; [accucheck results of] 151- [to] 200 = [amount of insulin to be administered] 2 UNITS: 201-250 = 4 UNITS..."</p> <p>Review of Resident #10's March 2011, May 2011, June 2011 and July 2011 Medication Administration Records (MAR) documented the following:</p> <p>a. 3/15/11 accucheck blood sugar 159 with no insulin given - correct dose 2 units.</p> <p>b. 5/1/11 accucheck blood sugar 159 with no insulin given - correct dose 2 units.</p> <p>c. 5/15/11 accucheck blood sugar 233 with 6 units of Novolin R insulin given - correct dose 4 units.</p> <p>d. 5/29/11 accucheck blood sugar 157 with no insulin given - correct dose 2 units.</p> <p>e. Lisinopril was given 3/1/11 through (-) 3/31/11, 5/1/11-5/31/11, 6/1/11-6/30/11 and 7/1/11-7/31/11 without a blood pressure (BP) or</p>			F 309			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/16/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445165		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/17/2011	
NAME OF PROVIDER OR SUPPLIER HIGHLANDS OF MEMPHIS HEALTH & REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 3549 NORRISWOOD MEMPHIS, TN 38111			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 309	Continued From page 2 HR being taken prior administering Lisinopril. During an interview at the second floor nurses' station on 8/17/11 at 9:30 AM, Nurse #12 confirmed there were incorrect doses of insulin given and no blood pressure and heart rate prior to administering Lisinopril as ordered.			F 309			
F 514	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on policy review, medical record review and interview, it was determined the facility failed to maintain medical records that were complete and accurate by not reconciling physician's orders and failed to document administration of medications as ordered by the physician for 2 of 27 (Residents #10 and #12) sampled residents. The findings included: 1. Medical record review for Resident #10			F 514			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/16/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445165		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/17/2011	
NAME OF PROVIDER OR SUPPLIER HIGHLANDS OF MEMPHIS HEALTH & REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 3549 NORRISWOOD MEMPHIS, TN 38111			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 514	<p>Continued From page 3</p> <p>documented an admission date of 11/3/09 with diagnoses of Diabetes Mellitus, Morbid Obesity, Hypertension, Chronic Obstructive Pulmonary Disease and Presenile Dementia. Review of the current physician's orders dated 7/21/11 documented, "...[start date] 9/09/10... ACCUCHECKS TWICE DAILY... [start date] 3/1/11...RISERDAL 0.5MG [milligrams] TABLET... 1 TAB [tablet] BY MOUTH EVERYDAY 6PM... [start date] 4/15/11... TRAZADONE 50 MG TABLET 1 TAB BY MOUTH AT BEDTIME... [start date]9/9/10... LANTUS 100UN [units]/ [per] 1 ML [milliliter] INSULIN 42 UNITS SUB-Q [subcutaneous] EVERY MORNING... [start date] 9/9/10... LANTUS 100UN/ML INSULIN 56 UNITS SUB-Q EVERY EVENING..."</p> <p>Review of the May 2011, June 2011 and July 2011 Medication Administration Records (MAR) revealed the following medications and accuchecks were not documented:</p> <ul style="list-style-type: none"> a. Lantus 56 units at 5:00 PM, Trazadone 50 mg 9:00 PM and Risperdal 0.5 mg at 6:00 PM on 5/20/11. b. Lantus 56 units at 5:00 PM on 5/22/11. c. Accuchecks at 7:00 AM on 6/7/11, 6/8/11 and 6/12/11. d. Trazadone 50 mg at 9:00 PM and Risperdal 0.5 mg at 6:00 PM on 6/20/11. e. Lantus 56 units at 5:00 PM on 7/15/11 and 7/22/11. f. Lantus 42 units at 7:00 AM on 7/24/11. g. Trazadone 50 mg at 9:00 PM on 7/20/11. <p>During an interview at the second floor nurses' station on 8/17/11 at 9:30 AM, Nurse #12 confirmed the medications and accuchecks were</p>			F 514			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/16/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445165		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/17/2011	
NAME OF PROVIDER OR SUPPLIER HIGHLANDS OF MEMPHIS HEALTH & REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 3549 NORRISWOOD MEMPHIS, TN 38111			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 514	<p>Continued From page 4 not documented.</p> <p>2. Review of the facility's "RECAPITULATION OF COMPUTERIZED PHARMACY RECORDS" policy documented, "...Corrections, additions, and changes to the computerized medical record should be made by a licensed nurse, Facility medical records staff, or an authorized designee... Facility should maintain any further changes in physician orders in the current medical record and the computerized medical record..."</p> <p>Medical record review for Resident #12 documented an admission date of 11/16/01 with diagnoses of Paranoid Schizophrenia, Convulsions, Senile Depressive Disorder and Rheumatoid Arthritis. Review of a physician's order dated 3/17/11 documented, "...alert mate while up in wheelchair..." The physician's orders dated 7/14/11 did not include an order for the alert mate. The comprehensive care plan dated 4/6/11 and updated 7/18/11 documented, "...Ensure alert mate is on w/c [wheelchair] while up..."</p> <p>Observations in Resident #12's room on 8/16/11 at 7:15 AM, revealed Resident #12 seated in a w/c with no alert mate in place.</p> <p>Observations in the 100 hall on 8/16/11 at 11:30 AM, revealed Resident #12 seated in a w/c with no alert mate in place.</p> <p>Observations in the first floor dining room on 8/17/11 at 7:40 AM, revealed Resident #12 seated in a w/c with no alert mate in place.</p>			F 514			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/16/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/17/2011
NAME OF PROVIDER OR SUPPLIER HIGHLANDS OF MEMPHIS HEALTH & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 3549 NORRISWOOD MEMPHIS, TN 38111		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 514	Continued From page 5 During an interview on the 100 hall on 8/17/11 at 7:50 AM, Nurse #5 was asked if Resident #12 had an alert mate. Nurse #5 stated, "No..." During an interview at the first floor nurses' station on 8/17/11 at 8:25 AM, Nurse #13 was asked about the alert mate not being on the current orders. Nurse #13 confirmed the alert mate should have been on the current 7/14/11 orders.	F 514			